SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

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APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN Date Stamp (Received)

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ENTERED

Refund: Date: Permit #: Amount Paid: 10 SLY 3/21/14 下,883 3:00-14 205

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department

35,444	×	-	- The state of the			(plain)	Other: (explain)			
and the second s	×	_	The state of the s		AMMA P	Conditional Use: (explain)	Condition			
, profession of	×	-	AND THE PROPERTY OF THE PROPER			Special Use: (explain)	Special U			
										- : :
					Arcianon (specis)	y Danail & Addition	Accessor	E		. 1111
	×				Alteration (specify)	₽	Accesson	<u> </u>		
777	× 3 シ)	ر کړ	365	2	SASSASE SASSASE		Accessor	A	Municipal Use	
	×	^				Addition/Alteration (specify)	Addition/			
	×	^			ate)	Mobile Home (manufactured date)	Mobile H			
	×	_	□ cooking & food prep facilities)	or □ cooking &	sleeping quarters, g	Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters, or	Bunkhous			
SECTION AND ADDRESS OF THE PERSON AND ADDRES	×	-	The state of the s		rage	with Attached Garage			Commercial Use	
	×	_		- Andrews - Andr		with (2 nd) Deck				
	×					with a Deck				
	×					with (2"") Porch				
	×	-	- Committee of the comm		f verwerretfähildetferrikäistetfetrik	with a Porch			X Residential Use	
	×		and the state of t			with Loft				
And the state of t	×	-	The same of the sa		shack, etc.)	Residence (i.e. cabin, hunting shack, etc.	Residence			
	×	-	t state development and a second		ture on property)	Principal Structure (first structure on property)	Principal 9			
Square Footage	Dimensions	먚		e	Proposed Structure			·	Proposed Use	1
Ē	Height:		Width: 3 C	'n	Length:			7:	Proposed Construction:	
	Height:				Length:	r is relevant to it)	ng applied fo	permit bei	Existing Structure: (if permit being applied for is relevant to it)	.755
			□ None							
						F Foundation		Property	- P	
	ract)	/ice cont	☐ Portable (w/service contract)	X None		1	ness on	Run a Business on	□R	
	Vaulted (min 200 gallon)	Vaul					existing bldg)	Relocate (existing bldg)	000	~
	/ Туре:) Specifi	☐ Sanitary (Exists) Specify Type:			- 1	n	Conversion	\$ 18	
Xwell	Type:	Specify Type:	☐ (New) Sanitary				Addition/Alteration	ddition/		
□ City	and the state of t		X Municipal/City		□ Seasonal	☐ 1-Story	truction	New Construction	200	Т
Water	; of System xerty?	What Type of wer/Sanitary Syste Is on the property?	What Type of Sewer/Sanitary System is on the property?	# of bedrooms	Use	# of Stories and/or basement	Project (What are you applying for)	Project at are you app	Value at Time of Completion * include donated time & material	
	And the second s								Non-snoreland	1
				***************************************					Non Shoreland	_ A
	□ No	7	is from Shorelin	Distance Structure	Pond or Flowage	Lake,	//Land within	s Property	☐ Shoreland — ☐ ☐	
Are Wetlands Present?	Is Property in Floodplain Zone?	ř	Distance Structure is from Shoreline:	Distance Stru	Stream (incl. Intermittent)	☐ Is Property/Land within 300 feet of River, Stream (ind. Intermittent) Creek or Landward side of Floodplain? If yescontinue —▶	//Land within dward side o	s Property eek or Lan	Cr.	
2,54		Ŧ		5	Port	N, Range O W	20	, Township	Section S	
lge	Acreage	Lot Size	Lot	N S S S	Town of:	7				
		Subdivision:	Block(s) No.	Lot(s) No.	CSM Vol & Page	Lot(s)	Gov't Lot	C 1/4	× 1/4, H	- 1
. Property Ownership) Page(s) _ らる	Recorded Document: (i.e. Property Ownership)	Recorded D	202.00	08-33	PIN: (23 digits) 04- 042 - み・3・30・	(Use Tax Statement) PIN:		Legal Description:	PROJECT Leg	
Written Authorization Attached Ores ONO	Written A Attached	/Zip):	Agent Mailing Address (include City/State/Zip):	gent Mailing Ad	Agent Phone: Ag		ication on behalf	Signing Appli	Authorized Agent: (Person Signing Application on behalf of Owner(s))	
Plumber Phone:	Plumbe	•		Plumber:	Contractor Phone: PI アルケータノターのみタ	Cont		DANULA	Contractor: DUSTIN D	
ne:)9/5-032	(Dil Phone:		I 54865	1 W	City/State/Zip: PORT Wing	IRCA RO CHA	t	U TE	Address of Property:	
							DANULB	DA	DUSTIN	
OTHER	☐ B.O.A. ☐ OT		ONAL USE SPECIAL USE City/State/Zip:	☐ CONDITIONAL USE	□ PRIVY Address:	□ SANI	☐ LAND USE	STED-	TYPE OF PERMIT REQUESTED -> Owner's Name:	
\$		1 1	5	A DO I LIFT OO		DEC36 13	C ACMINE C SERING	A CIRIE ALI	30 NOT START CONSTRUCTION ON IL ALL PERMITS HAVE	Į p

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FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

[we] declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. | (we) acknowledge that | (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. | (we) further accept liability which may be a result of Bayfield County relying on this information | (we) am (are) providing in or with this application. | (we) consent to county officials charged with administering county ordinances to have access to the above described proverty any reasonable time for the purpose of inspection. Owner(s): _______(If there are Multiple Date $\omega_{_{1}}$

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Authorized Agent:

Address to send permit

Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Attach
Copy of Tax Statement
Fyou recently purchased the property send your Recorded Deed

ATT COMMENT	Jebo State of Section 2 Section 1 (128 and 1232 of what you are applying for)	a ale applytis out	
(1) Show Location of: (2) Show / Indicate: (3) Show Location of (*): (4) Show: (5) Show: (6) Show any (*): (7) Show any (*):	Proposed Construction North (N) on Plot Plan (*) Driveway and (*) Frontage Road (All Existing Structures on your Propei (*) Well (W); (*) Septic Tank (ST); (*) (*) Lake; (*) River; (*) Stream/Creek; (*) Wetlands; or (*) Slopes over 20%	Proposed Construction North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%	Privy (P)
		~	
` \ !	Vec 4	Attache d	
Please complete (1) – (7) above (prior to continuing) (8) Setbacks: (measured to the closest point)	continuing) the closest point)	Changes in plans must be approved by the Planning & Zoning Dept.	by the Planning & Zoning Dept.
Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road Setback from the Established Right-of-Way	Heet Feet	Setback from the Lake (ordinary high-water mark Setback from the River, Stream, Creek Cothool from the Rank or River	k) Feet
Setback from the North Lot Line Setback from the South Lot Line Setback from the West Lot Line	Feet Feet Feet		
Setback to Septic Tank or Holding Tank	Feet		Feet
Setback to Privy (Portable, Composting) Feet Privo to the placement or construction of a structure within ten (10) feet of the minimum required setback, the	Fee (10) feet of the minimum required setback	t the boundary line from which the serback must be measured must be visible from one previous	rom one previously surveyed corner to the
re previously surveyed corner or marked by a licensed surver re to the placement or construction of a structure more that previously surveyed corner to the other previously survey read by a licensed surveyor at the owner's expense. (9) Stake or Mark Proposed NOTICE: All Land For The Construction Of Nu	syor at the owner's expense. In ten (10) feet but less than thirty (30) feet but less than the less than thirty (30) feet but less than the less t	inter previously surveyed corner or marked by a licensed surveyor at the owner's expense. The placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from ne previously surveyed corner to the other previously surveyed corner to the other previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be nearly surveyed surveyor at the owner's expense. (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W). NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction of New One & Two Family Dwalling: All Municipalities Are Required To Enforce The Uniform Dwalling Code.	sed site of the structure, or must be Privy (P), and Well (W).
ssuance Information (County Use Only)	Sanitary Number: Reason for Denial:	#of bedrooms:	Sanitary Date:
Permit #: 14-1533	Permit Date:	11-16-	
ub-Standard Lot	☐ Yes (Deed of Record)	Mitigation Required ☐ Yes No Mitigation Attached ☐ Yes ☐ No	Affidavit Required
ėι I		Previously Granted by Variance (BO.M) Yes No Case #:	
ally Created Delineated	Yes ONO	nted by Owner perty Surveyed	25
nspection Record:			District (RY Classification (—
Date of Inspection: 3-26-2614 Insp	pected by:	Date Aller Market Date	of Re-Inspection:
ondition(s):Town, Committee or Board Corldition No HARTATON NO NEESSARO S	送まる	No they need to be attached)	pute) tumuto
Signature of inspector: Hold For Sanitary: Hold For TBA: LL		Hold For Affidavit: Hold For Fees: Hold For	Date of Appgoval 24 · 20) 4
			SHALL WINGS AND STREET STREET,

field County, WI



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